

Citation for published version:

Loades, M, Rimes, K, Ali, S & Chalder, T 2019, 'Author response to letter to the editor', *Clinical Child Psychology and Psychiatry*, vol. 24, no. 4, pp. 941-942. <https://doi.org/10.1177/1359104519853860>

DOI:

[10.1177/1359104519853860](https://doi.org/10.1177/1359104519853860)

Publication date:

2019

Document Version

Peer reviewed version

[Link to publication](#)

Loades, M. E., Rimes, K. A., Ali, S., & Chalder, T. (2019). Author response to letter to the editor. *Clinical Child Psychology and Psychiatry*, 24(4), 941–942. Copyright © 2019 The Author(s). Reprinted by permission of SAGE Publications.

University of Bath

Alternative formats

If you require this document in an alternative format, please contact:
openaccess@bath.ac.uk

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Title: (author response to letter to the editor)

Authors

Loades, M.E.^{1,2}, Rimes, K. A. ³, Ali, S.⁴, & Chalder, T.^{3,4}.

Affiliations

¹ Department of Psychology, University of Bath

² Bristol Medical School, University of Bristol

³ King's College London

⁴ South London & Maudsley NHS Trust

Corresponding author contact details & qualifications

Maria Loades, Department of Psychology, University of Bath, Bath, BA2 7AY, England.

Email m.e.loades@bath.ac.uk (+44) 01225 385249; BA(Cantab), DClínPsy

Co-author contact details & qualifications

Dr Katharine A. Rimes, Katharine.rimes@kcl.ac.uk, [DPhil](#), DClínPsy

Ms Sheila Ali, Sheila.ali@kcl.ac.uk

Professor Trudie Chalder, trudie.chalder@kcl.ac.uk, [PhD](#)

Acknowledgements

ML receives salary support from the National Institute for Health Research (NIHR) Doctoral Research Fellowship Scheme. TC acknowledges the financial support of the Department of Health via the National Institute for Health Research (NIHR) Specialist Biomedical Research Centre for Mental Health award to the South London and Maudsley NHS Foundation Trust (SLaM) and the Institute of Psychiatry at King's College London. This paper represents independent research funded by the National Institute for Health Research (NIHR) Biomedical Research Centre at South London and Maudsley NHS Foundation Trust and King's College London. The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.

Conflicts of Interest

TC is the author of several self-help books on chronic fatigue for which she has received royalties. TC /KCL has received ad hoc payments for workshops carried out in LTCs. KCL have received payments for TC's editor role in JoMH. KR has co-authored a book with TC called "Overcoming Chronic Fatigue in Young People" for which she receives royalties. ML and SA have no conflicts of interest to declare.

Dear Editor,

We thank [author(s)] for taking the time to raise these points in relation to our paper (Loades, Rimes, Lievesley, Ali, & Chalder, 2019). We found that adolescents with CFS endorsed more unhelpful cognitive and behavioural responses to symptoms than adolescents with asthma, and that cognitive and behavioural responses predicted a small but significant proportion of the variance in fatigue and physical functioning at follow-up approximately 3 months later.

We agree that the participants in the asthma control group may have been less severely affected by their illness than the participants with CFS and acknowledged this as a limitation in the Discussion.

We also agree that it is important to take into account symptom severity when investigating the association between such beliefs and symptom prognosis; hence we adjusted for fatigue (and also mood) in the regression analyses. Although self-reported cognitive and behavioural responses at baseline only accounted for approximately 8% in fatigue at follow-up, this was over a three-month period where treatment was not provided, so there was little change in fatigue over time.

We are grateful for the opportunity to clarify the content of the Fear Avoidance subscale. Fear avoidance was assessed with 6 items including 'Doing less helps symptoms' and 'I should avoid exercise when I have symptoms'. Therefore, the items on this scale do not simply reflect post-exertional malaise.

Regarding all-or-nothing behaviour, the author(s) cite two studies of adults with CFS using actigraphic assessment. The first reported that the activity reduction after a peak in activity was larger for CFS patients than healthy controls, assessed over a 12-day period (van der Werf, Prins, Vercoulen, van der Meer, & Bleijenberg, 2000). The second compared activity levels between adults with CFS and healthy adults for just six days (Meeus et al., 2011). Neither study investigated whether a behavioural tendency to overdo activity when symptoms were less severe, followed by resting, was associated with a perpetuation of fatigue or limitations in daily physical functioning. However other research has found evidence consistent with this suggestion. For example, Moss-Morris, Spence, and Hou (2011) found that all-or-nothing behavioural responses to symptoms of glandular fever were a significant predictor of CFS six months later. Future research is needed to investigate whether our finding that all-or-nothing behaviour was associated with poorer physical functioning three months later is replicated in another sample of adolescents with CFS.

References

- Loades, M. E., Rimes, K., Lievesley, K., Ali, S., & Chalder, T. (2019). Cognitive and behavioural responses to symptoms in adolescents with chronic fatigue syndrome: A case-control study nested within a cohort. *Clin Child Psychol Psychiatry*, 1359104519835583.
- Meeus, M., Van Eupen, I., Van Baarle, E., De Boeck, V., Luyckx, A., Kos, D., & Nijs, J. (2011). Symptom fluctuations and daily physical activity in patients with chronic fatigue syndrome: a case-control study. *Archives of physical medicine and rehabilitation*, 92(11), 1820-1826.
- Moss-Morris, R., Spence, M., & Hou, R. (2011). The pathway from glandular fever to chronic fatigue syndrome: can the cognitive behavioural model provide the map? *Psychol Med*, 41(5), 1099-1107.
- van der Werf, S. P., Prins, J. B., Vercoulen, J. H., van der Meer, J. W., & Bleijenberg, G. (2000). Identifying physical activity patterns in chronic fatigue syndrome using actigraphic assessment. *J Psychosom Res*, 49(5), 373-379.